Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620)-2501		Du	ie to School	Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		(County	<u> </u>	Legal Entity
Biddle Elem						Powder River		0692
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract		County		Legal Entity
Is this contract share □ yes □ no	ed between e	lementary ar	id high scho	ol?				
Are you applying for			□ No		Studer	nt Name	School	Grade
(If yes, please attac			increased reir	mbursement	Otadoi	it realite	Consor	Grade
rates for special circum increased rates, individual trustees of the district, Public Instruction. (10.)	dual circumstand the county trans	ces must be re sportation com	viewed and apmittee, and th	oproved by the	Studer	nt Name	School	Grade
Check here only if increased payment due to isolation has been approved by the				Studer	nt Name	School	Grade	
District Trustees and th		sportation Con		proved by the				
Elem District Approval HS District Approval		□ no			Stude	nt Name	School	Grade
County Approval	□ yes	□ no			<u>THIS (</u> Grade	CONTRACT IS FO	<u>R:</u>	
Parent or Guardian	Name: (Pleas	e Print)					□ 2nd Semester Onl	y Both Semesters
Christel L. Powe				Pre-kii	ndergarten/Kinderg	garten		
Physical Address (s	only):						y	
Distance from home Elementary 7 Distance from home Elementary 0	HS 0	·	•		Kinde by this To or f To or f Kinde	s contract: from Bus Stop from School rgarten child ride	s <u>with</u> other school-a times per day, _ times per day, _ s without other scho	days per week days per week days per week ol-age students: days per week
□ Contract is for o	ne-wav onlv				To or f	rom School	times per day, _	days per week days per week
Students in Each Grade Le	, ,	the students to I	be covered by th	is contract.		llines:		
	Pre-K	K	1-8	9-12	PARE	NTS: Due to Scho	ool Clerk June 1.	
	Total	Total	Total	Total	CLER files.	KS: Send original	to County Supt by Jul	y 1, retain a copy for your
Regular Trans						TV 011050111511	DENTO 0 1 1 1	0011 11 40 11
Spec. Ed. Trans						or your files.	DENIS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	IMBURSEMENT RA	ATE
Correspondence						(For dist	ict, county and OPI	use only)
Reg.								
Contingency						Reimbu	rsement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.								
Agreement betweer	parent (pare	nt name)			, and s	chool district (distr	ict name)	,
insured driver will t 2. In March and June transported for the	ansport or provide ransport the stude , the District shall past semester.	nts. Mileage cor pay the parent th	r the student(s) t ntracts are valid of e sum officially a	o and from the school only when transportati approved in the applica	or bus stop on the on for the distance ation upon certifica	reported on the contract	t actually occurs. incipal of the school of the number	ian assures that a licensed and nber of days the student(s) was
	terminate at the e	nd of the school		student(s) is no longe		ol, whichever occurs firs		Date
Biddle Elem High School District		,						
riigii Scriooi District		Chair, Bu	ard of Truste	್ರ				Date
			I attes	t that the above	information is	true and correct.		
Signature - Parent or	Guardian			·			Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620)-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the (Contract			County	<u> </u>	Legal Entity
Biddle Elem						Powder River		0692
High School or K-12 D	strict Responsit	ole for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary and	l high scho	ol?				
Are you applying for (If yes, please attack ISOLATION: Section:	n explanation))	□ No	nhursement	Stud	dent Name	School	Grade
rates for special circum increased rates, individual trustees of the district,	stances of isola lual circumstand the county trans	ation of residences must be revenued. Sportation comm	ce. In order to iewed and appointed, and the	o receive oproved by the	Stud	dent Name	School	Grade
Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						dent Name	School	Grade
Elem District Approval	□ yes	Initi □ no			Stud	dent Name	School	Grade
HS District Approval County Approval	,	□ no □ no				S CONTRACT IS FO	DR:	
Parent or Guardian		e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	ly □ Both Semesters
Dana Williams					Pro	-kindergarten/Kinder	garton	
Physical Address (street address only):								ly Both Semesters
Distance from home Elementary 12 Distance from home Elementary 0 Contract is for or Students in Each Grade Lead	HS 0 to nearest bu HS 0 ne-way only	us stop, if any	(one way)	is contract. 9-12 Total	Kin by t To c Kin To c To c PAR	chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Sch	times per day, times	days per week days per week days per week ool-age students: days per week days per week days per week
Regular Trans					files		, , ,	
Spec. Ed. Trans						UNTY SUPERINTEN y for your files.	IDENTS: Send origina	al to OPI by July 10, retain a
Room & Board							EIMBURSEMENT R	
Correspondence						(For dist	rict, county and OPI	use only)
Reg. Contingency						Reimb	ursement rate is deterr	mined by
Spec. Ed. Contin.							20-10-142, MCA.	,
Agreement between	parent (pare	nt name)			. and	d school district (dist	rict name)	
		,						······································
(county name) The parties agree as follow				•		I to as the District(s).		
insured driver will to	ransport the stude	nts. Mileage contr	acts are valid of	only when transportation	on for the dista	ince reported on the contra	ct actually occurs.	dian assures that a licensed and
transported for the	past semester.							imber of days the student(s) was
This contract shall	terminate at the er	nd of the school ye	ar or when the	student(s) is no longe		the information accompany chool, whichever occurs first		Data
Elementary School Biddle Elem	DISTRICT	Chair, Boar	u ot Truste	es				Date
High School District		Chair, Boar	d of Truste	es				Date
		1	l attes	t that the above	information	is true and correct.		<u> </u>
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Clerk Jur	ne 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity		
Biddle Elem					Powder I	River	0692		
High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Conf	ract	County		Legal Entity		
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high scho	ol?					
Are you applying for (If yes, please attac			□ No		Student Name	School	Grade		
ISOLATION: Section	20-10-142, MCA	A, provides for i							
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)				proved by the	Student Name	School	Grade		
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.					Student Name	School	Grade		
Elem District Approval	•		tials		Student Name	School	Grade		
HS District Approval County Approval	□ yes □	□ no			THIS CONTRAC	T IS FOR:			
Parent or Guardian					Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Donna Mader						,	only both ocinesters		
Physical Address (s	treet address	only):			Pre-kindergarten ☐ 1st Semester	Only 2nd Semester (Only Both Semesters		
						N/PREKINDERGARTEN:			
Distance from home Elementary 10	e to nearest so HS 0	hool (one wa	ıy)		by this contract	:	ol-age students also covered y, days per week		
Distance from home Elementary 0	to nearest bu	ıs stop, if any	(one way)		To or from School	ol times per dag nild rides without other so	days per week hool-age students: days per week days per week days per week		
□ Contract is for o	ne-way only				To or from School	ol times per da	/, days per week		
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.	Deadlines:	to School Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total					
De suite a Trans	Total	TOLAI	TOTAL	TOTAL	files.	original to County Supt by	July 1, retain a copy for your		
Regular Trans							inal to OPI by July 10, retain a		
Spec. Ed. Trans					copy for your file	S.			
Room & Board					/E	REIMBURSEMENT For district, county and C			
Correspondence					(1	or district, county and c	1 1 dae only)		
Reg. Contingency						Reimbursement rate is det	ermined by		
Spec. Ed. Contin.						20-10-142, MCA			
Agreement between	narent (nare	nt name)			and school distr	ict (district name)			
	r parent (paren	it riarrie)					,		
(county name) The parties agree as follow		ransportation for		•	er referred to as the Dis	chool is in session. The parent or g	uardian assures that a licensed and		
insured driver will t	ransport the studer	nts. Mileage cont	tracts are valid	only when transportation	on for the distance reported on the				
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the sc	hedule establish	ned in Section 20-10-1	42, MCA, and the information a	ccompanying this contract.			
Elementary School			ear or when the rd of Truste		r enrolled in school, whichever	occurs tirst.	Date		
Biddle Elem High School District		Chair, Boa	rd of Truste	es			Date		
			1	14b-14b : :					
Signature - Parent or	Guardian		I attes	t that the above i	nformation is true and c	orrect.			
orginature - Farent Of	Guaruiali					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 5		D	ue to School Clerk June 1				
Elementary District Responsible	for Reimbursing the Co	ntract	County	'	Legal Entity		
Biddle Elem			Powder Rive	er	0692		
High School or K-12 District Res	ponsible for Reimbursir	ng the Contract	County	<u>:</u>	Legal Entity		
Powder River Co Dist I	H S		Powder Rive	er	0706		
Is this contract shared between □ yes □ no	en elementary and h	nigh school?					
Are you applying for isolation (If yes, please attach explanation)	ation)	□ No	Student Name	School	Grade		
ISOLATION: Section 20-10-142 rates for special circumstances of increased rates, individual circumstances of the district, the county Public Instruction. (10.7.116 ARM)	of isolation of residence restances must be revie transportation commit	In order to receive wed and approved by the tee, and the Office of	Student Name	School	Grade		
Check here only if increased pay District Trustees and the County	ment due to isolation h	as been approved by the	Student Name	School	Grade		
Elem District Approval	Initial		Student Name THIS CONTRACT IS	School S FOR-	Grade		
Parent or Guardian Name: (F			Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Pamela Ware				•	both Semesters		
Physical Address (street add	ress only):		Pre-kindergarten/Kin ☐ 1st Semester Only	dergarten y	□ Both Semesters		
Distance from home to nearest school (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 14 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Regular Trans Spec. Ed. Trans Spec. Ed. Trans Spec. Ed. Conting.							
insured driver will transport the 2. In March and June, the District transported for the past semes 3. The payment shall be compute 4. This contract shall terminate a	rovide transportation for the students. Mileage contract shall pay the parent the suter. do n the basis of the sched the end of the school year	County, hereina e student(s) to and from the schoots are valid only when transportar mofficially approved in the applicatule established in Section 20-10 or when the student(s) is no long	after referred to as the District of or bus stop on the days when school tion for the distance reported on the cocation upon certification by the teacher -142, MCA, and the information accomper enrolled in school, whichever occur	is in session. The parent or guardi ntract actually occurs. or principal of the school of the nun panying this contract.	nber of days the student(s) was		
Elementary School District Biddle Elem	Chair, Board	of Trustees			Date		
High School District Powder River Co Dist H S	Chair, Board	of Trustees			Date		
		I attest that the above	information is true and corre	ct.			
Signature - Parent or Guardian	1			Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501			chool Year 2005- 20 e to School Clerk Ju		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	District Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Powder River C	o Dist H S				Powder	River	0706
Is this contract shar ☐ yes ☐ no	red between e	lementary an	d high scho	ol?			
Are you applying fo	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10)	nstances of isolo dual circumstan the county tran	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	to receive pproved by the	Student Name	School	Grade
Check here only if inconstrict Trustees and t	reased payment	due to isolatio	n has been ap	oproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade
HS District Approval County Approval		□ no			THIS CONTRAC	CT IS FOR:	
Parent or Guardian	Name: (Pleas	se Print)			Grades 1-12 □ 1st Semester	Only □ 2nd Semester (Only □ Both Semesters
Cindy Goodwin Physical Address (s		only):			Pre-kindergarter □ 1st Semester	n/Kindergarten Only □ 2nd Semester (Only □ Both Semesters
						N/PREKINDERGARTEN:	,
Distance from home Elementary 0 Distance from home Elementary 0	HS 55	·			by this contrac To or from Bus S To or from Scho Kindergarten c	t: Stop times per day ol times per day hild rides without other so	y, days per week y, days per week chool-age students: y, days per week days per week days per week days per week
□ Contract is for o						<u></u>	,,
Students in Each Grade L		•	•	, 	Deadlines: PARENTS: Due	e to School Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send	d original to County Supt by	July 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY SUPE		ginal to OPI by July 10, retain a
Room & Board					copy for your file	REIMBURSEMENT	DATE
Correspondence					(1	For district, county and C	
Reg. Contingency						Reimbursement rate is det	ermined by
Spec. Ed. Contin.						20-10-142, MCA	۸.
Agreement between	n parent (pare	nt name)			, and school dist	rict (district name)	······································
(county name)				County, hereinaf	er referred to as the Di	strict(s).	
	ansport or provide				or bus stop on the days when a	school is in session. The parent or g	uardian assures that a licensed and
In March and June transported for the	, the District shall	pay the parent the	e sum officially a	approved in the applica	tion upon certification by the te	eacher or principal of the school of the	e number of days the student(s) was
 The payment shall This contract shall 	be computed on t terminate at the e	nd of the school y	ear or when the	student(s) is no longe	42, MCA, and the information a r enrolled in school, whichever	accompanying this contract. coccurs first.	_
Elementary School	District	Chair, Boa	ard of Truste	es			Date
High School Distric Powder River Co D		Chair, Boa	ard of Truste	ees			Date
			I attes	t that the above i	nformation is true and	correct.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620				School Year 2005- 2006 ue to School Clerk June 1				
Elementary District Res	ponsible for Re	eimbursing the	Contract		County	1	Legal Entity		
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Conf	tract	County		Legal Entity		
Powder River Co	Dist H S				Powder River		0706		
Is this contract share	d between el	ementary an	d high school	ol?	·		<u> </u>		
□ yes□ noAre you applying for	isolation state	us? □ Yes	□ No		Student Name	School	Grade		
(If yes, please attach	explanation))	increased reir	mbursement	Student Name	SCHOOL	Grade		
rates for special circums increased rates, individu trustees of the district, t Public Instruction. (10.7	ual circumstand he county trans	ces must be resportation com	viewed and apmittee, and the	oproved by the	Student Name	School	Grade		
Check here only if incre District Trustees and the		sportation Com	mittee.	proved by the	Student Name	School	Grade		
Elem District Approval		□ no	tials		Student Name	School	Grade		
	□ yes	□ no □ no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian N	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester Only	y □ Both Semesters		
Cindy Wilkins Physical Address (st	root addross	only):			Pre-kindergarten/Kinder				
i ilysical Address (st	reet address	Offig).			□ 1st Semester Only	·	y Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on	HS 0 to nearest bu HS 0	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School	times per day,times per day,times per day,tes without other school_times per day,times per day,	days per week days per week days per week ol-age students: days per week days per week days per week		
Students in Each Grade Lev	vel - Only include	the students to b	e covered by thi	is contract.	Deadlines: PARENTS: Due to Sch	nool Clerk June 1			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina		y 1, retain a copy for your		
Regular Trans					files.	NDENTS: Sand origina	I to OPI by July 10, retain a		
Spec. Ed. Trans					copy for your files.	TOENTS. Send ongina	Tto OFT by July 10, Tetalit a		
Room & Board					RI	EIMBURSEMENT RA			
Correspondence					,		,		
Reg. Contingency					Reimb	ursement rate is determ 20-10-142, MCA.	nined by		
Spec. Ed. Contin.						20 10 142, 11071.			
Agreement between		-t				wist			
Agreement between	parent (parei	nt name)		Carrete banaina	, and school district (dist	,			
insured driver will tra 2. In March and June, transported for the p	nsport or provide to ansport the stude the District shall p past semester.	nts. Mileage con pay the parent the	the student(s) to tracts are valid of e sum officially a	o and from the schoo only when transportat approved in the applic	fter referred to as the District(s) I or bus stop on the days when school is in ion for the distance reported on the contra ation upon certification by the teacher or partial. 142, MCA, and the information accompan	n session. The parent or guardict actually occurs. orincipal of the school of the nur			
	erminate at the er	nd of the school y	vear or when the ard of Truste	student(s) is no long	er enrolled in school, whichever occurs fir	st.	Date		
High School District Powder River Co Dis	at H S	Chair, Boa	ard of Truste	es			Date		
1 Owder River CO Dis			l attes	t that the above	information is true and correct.				
Signature - Parent or 0	Guardian					Date			

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

Contract #

PO Bo	or Public Ins ox 202501 a, MT 59620			_	chool Year 2005- 20 e to School Clerk Ju				
Elementary District Res			Contract		County		Legal Entity		
	=								
High School or K-12 Dis	·	ole for Reimbu	rsing the Cont	ract	County		Legal Entity		
Powder River Co				10	Powder	River	0706		
Is this contract share ☐ yes ☐ no		·	Ū	ol?					
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)	1	□ No	mhursement	Student Name	School	Grade		
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	stances of isola lal circumstand ne county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate of the contract of the	o receive oproved by the	Student Name	School	Grade		
Check here only if increa	ased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade		
Elem District Approval HS District Approval		Ini □ no □ no	itials		Student Name	School	Grade		
County Approval	□ yes	□ no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian N	lame: (Pleas	e Print)				Only 2nd Semester	Only Both Semesters		
Curtis Terrett Physical Address (str	eet address	only):			Pre-kindergarter	n/Kindergarten r Only □ 2nd Semester	Only		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for one Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 43 to nearest bu HS 19 e-way only	us stop, if any	y (one way)	9-12 Total	KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school-age students also cowby this contract: To or from Bus Stop times per day, days per we To or from School times per day, days per we Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per we To or from School times per day, days per we To or from School times per day, days per we Deadlines: PARENTS: Due to School Clerk June 1. CLERKS: Send original to County Supt by July 1, retain a copy for you files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retacopy for your files. REIMBURSEMENT RATE (For district, county and OPI use only) Reimbursement rate is determined by 20-10-142, MCA.				
insured driver will tra In March and June, to transported for the p The payment shall be This contract shall te	s: sport or provide insport the stude he District shall p ast semester. e computed on the	transportation for nts. Mileage con ay the parent the ne basis of the so nd of the school y	r the student(s) to atracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the Di or bus stop on the days when on for the distance reported on	school is in session. The parent or the contract actually occurs. eacher or principal of the school of t accompanying this contract.	guardian assures that a licensed and he number of days the student(s) was		
Elementary School D	ristrict	,	ard of Truste				Date		
High School District Powder River Co Dis	t H S	Chair, Boa	ard of Truste	es			Date		
			I attes	t that the above i	information is true and	correct.			
Signature - Parent or C	Guardian					Date			

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620				School Year 2005- 200 ie to School Clerk Jur				
Elementary District Res			Contract		County		Legal Entity		
High School or K-12 Dis	•	ole for Reimbu	irsing the Conf	tract	County		Legal Entity		
Powder River Co				-10	Powder F	River	0706		
Is this contract share ☐ yes ☐ no		·	Ü	OI?					
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)	1	□ No	mbursement	Student Name	School	Grade		
rates for special circum: increased rates, individi trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to viewed and apprint the mittee, and the mittee.	o receive oproved by the	Student Name	School	Grade		
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval HS District Approval	□ yes		itials		Student Name	School	Grade		
County Approval	□ yes	□ no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian N	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Darrel Smith Physical Address (st	reet address	only):			Pre-kindergarten. 1st Semester	/Kindergarten Only □ 2nd Semester 0	Only ☐ Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on Students in Each Grade Letter Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 47 to nearest bu HS 22 e-way only	us stop, if any	y (one way)	is contract. 9-12 Total	KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school-age students also c by this contract: To or from Bus Stop times per day, days per To or from School times per day, days per Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per To or from School times per day, days per To or from School times per day, days per				
insured driver will tra In March and June, transported for the p The payment shall be the contract shall be	s: nsport or provide the ansport the stude: the District shall properties and the past semester. the computed on the perminate at the er	transportation for nts. Mileage con ay the parent the ne basis of the so nd of the school y	r the student(s) to atracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportati ipproved in the applica- ned in Section 20-10-1 student(s) is no longer	iter referred to as the Discording or bus stop on the days when son for the distance reported on	chool is in session. The parent or guestie contract actually occurs, acher or principal of the school of the occumpanying this contract.	number of days the student(s) was		
Elementary School D	DISTRICT	,	ard of Truste				Date		
High School District Powder River Co Dis	st H S	Chair, Boa	ard of Truste	es			Date		
			I attes	t that the above	information is true and c				
Signature - Parent or (Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 59620-2	2501		chool Year 2005- 2006 e to School Clerk June 1	
Elementary District Responsible for Rein	mbursing the Contract		County	Legal Entity
High School or K-12 District Responsible	e for Reimbursing the C	ontract	County	Legal Entity
Powder River Co Dist H S			Powder River	0706
Is this contract shared between element of the shared between elements of the shared between	mentary and high sc	hool?	<u> </u>	·
□ yes□ noAre you applying for isolation status	s? □ Yes □ No		Student Name Sch	ool Grade
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA,	provides for increased	reimbursement	Student Name Sch	ooi Grade
rates for special circumstances of isolati- increased rates, individual circumstance trustees of the district, the county transp Public Instruction. (10.7.116 ARM provid	s must be reviewed and ortation committee, and	d approved by the I the Office of	Student Name Sch	ool Grade
Check here only if increased payment du District Trustees and the County Transpo	ortation Committee.	approved by the	Student Name Sch	ool Grade
	Initials no		Student Name Sch	ool Grade
County Approval	no		THIS CONTRACT IS FOR:	
Parent or Guardian Name: (Please	Print)		Grades 1-12 ☐ 1st Semester Only ☐ 2nd S	emester Only Both Semesters
Dawn Mraz Physical Address (street address or	nlv):		Pre-kindergarten/Kindergarten	
1 Hysical Address (street address of	illy).		☐ 1st Semester Only ☐ 2nd S KINDERGARTEN/PREKINDERGA	•
Distance from home to nearest schelementary 0 HS 50 Distance from home to nearest bus Elementary 0 HS 13 Contract is for one-way only Students in Each Grade Level - Only include the	stop, if any (one wa		Kindergarten child rides with oth by this contract: To or from Bus Stop time To or from School time Kindergarten child rides without To or from Bus Stop time	es per day, days per week es per day, days per week es per day, days per week et other school-age students: es per day, days per week es per day, days per week
Pre-K	K 1-8	9-12 Tatal		
Total	Total Total	Total	files.	Supt by July 1, retain a copy for your
Regular Trans Spec. Ed. Trans			COUNTY SUPERINTENDENTS: copy for your files.	Send original to OPI by July 10, retain a
Room & Board				EMENT RATE
Correspondence			(For district, coun	ty and OPI use only)
Reg. Contingency				rate is determined by 142, MCA.
Spec. Ed. Contin.				, -
Agreement between parent (parent	name)		, and school district (district name)	
(county name)		County hereinafte	er referred to as the District(s).	,
The parties agree as follows: 1. The parent shall transport or provide transport or provide transport the students 2. In March and June, the District shall pay transported for the past semester.	s. Mileage contracts are va y the parent the sum official	(s) to and from the school o lid only when transportation lly approved in the applicati	or bus stop on the days when school is in session. The n for the distance reported on the contract actually occion upon certification by the teacher or principal of the 12, MCA, and the information accompanying this contra	urs. school of the number of days the student(s) was
	of the school year or when Chair, Board of Trus	the student(s) is no longer	enrolled in school, whichever occurs first.	Date
High School District	Chair, Board of Trus			Date
Powder River Co Dist H S	Latt	test that the above in	nformation is true and correct.	
Signature - Parent or Guardian	ı alı	icot that the above II	Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2005- 2006 le to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the C	Contract		County		Legal Entity
High School or K-12 Di	strict Responsit	ole for Reimburs	sing the Con	ract	County		Legal Entity
Powder River Co	o Dist H S				Powder River		0706
Is this contract share □ yes □ no	ed between el	ementary and	high scho	ol?			
Are you applying for (If yes, please attach	n explanation))	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	stances of isola ual circumstand the county trans	ation of residences must be revi sportation comm	e. In order t ewed and ap littee, and th	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolation	has been ap	proved by the	Student Name	School	Grade
Elem District Approval	□ yes	Initia □ no			Student Name	School	Grade
		□ no			THIS CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Don Pearce Physical Address (st	troot addraga	only):			Pre-kindergarten/Kinder		
Physical Address (si	reet address	oriiy).			•		ly Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 12				by this contract: To or from Bus Stop To or from School Kindergarten child ride	times per day, times per day, times per day, es without other scho	days per week days per week days per week col-age students: days per week days per week days per week
□ Contract is for or	ne-way only					times per day,	days per week
Students in Each Grade Le	evel - Only include	the students to be	covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total			ly 1, retain a copy for your
Regular Trans						IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board					RE	EIMBURSEMENT R rict, county and OP	
Correspondence							
Reg. Contingency Spec. Ed. Contin.					Reimb	ursement rate is determined 20-10-142, MCA.	mined by
Spec. Lu. Contin.							
Agreement between	parent (pare	nt name)			, and school district (dist	rict name)	,
insured driver will tr 2. In March and June, transported for the transported for the The payment shall the transportact shall the transport shall	nsport or provide transport the studenthe District shall past semester. be computed on the terminate at the error.	nts. Mileage contributed the parent the sense basis of the school ye	he student(s) to acts are valid of sum officially a edule establish ar or when the	o and from the school only when transportati pproved in the applica- ned in Section 20-10-1 student(s) is no longer	ter referred to as the District(s) or bus stop on the days when school is ir on for the distance reported on the contration upon certification by the teacher or party. 42, MCA, and the information accompanier enrolled in school, whichever occurs fire	n session. The parent or guar ct actually occurs. rincipal of the school of the nu ring this contract.	umber of days the student(s) was
Elementary School [Chair, Boar					Date
High School District Powder River Co Dis		Chair, Boar	d of Truste	es			Date
2:	0		I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 59620			School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Responsible for Re	imbursing the Contrac	t	County	<u>'</u>	Legal Entity
High School or K-12 District Responsib	le for Reimbursing the	Contract	County		Legal Entity
Powder River Co Dist H S			Powder River		0706
Is this contract shared between ele ☐ yes ☐ no	ementary and high	school?			
Are you applying for isolation statu (If yes, please attach explanation)			Student Name	School	Grade
ISOLATION: Section 20-10-142, MCA rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM provi	tion of residence. In o es must be reviewed a portation committee, a	rder to receive and approved by the and the Office of	Student Name	School	Grade
Check here only if increased payment of District Trustees and the County Trans	due to isolation has be	•	Student Name	School	Grade
Elem District Approval yes	Initials no	_	Student Name	School	Grade
	no	_	THIS CONTRACT IS FO	DR:	
Parent or Guardian Name: (Please	e Print)		Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Donna Mader			Pre-kindergarten/Kinder		
Physical Address (street address of	only):		□ 1st Semester Only KINDERGARTEN/PRE		ly Both Semesters
Distance from home to nearest sci Elementary 0 HS 35 Distance from home to nearest bu Elementary 0 HS 6		vay)	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop	times per day, times per day, times per day, s without other scho	days per week days per week days per week col-age students: days per week days per week days per week days per week
□ Contract is for one-way only				unles per day,	days per week
Students in Each Grade Level - Only include	•		<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1.	
Pre-K Total	K 1-8 Total Tota	_	CLERKS: Send origina files.	I to County Supt by Ju	ly 1, retain a copy for your
Regular Trans				IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.		ATE
Room & Board Correspondence				EIMBURSEMENT R rict, county and OP	
Reg.			B : T		 ,,
Contingency Spec. Ed. Contin.			Reimb	ursement rate is deter 20-10-142, MCA.	mined by
5,500. Ed. 30mm.					
Agreement between parent (parer	nt name)		, and school district (dist	rict name)	,
insured driver will transport the studen In March and June, the District shall pure transported for the past semester.	nts. Mileage contracts are ay the parent the sum office	ent(s) to and from the school valid only when transportaticially approved in the application	fter referred to as the District(s) I or bus stop on the days when school is in ion for the distance reported on the contra ation upon certification by the teacher or p 142, MCA, and the information accompany	session. The parent or guar ct actually occurs. rincipal of the school of the nu	
	d of the school year or wh	en the student(s) is no longe	er enrolled in school, whichever occurs firs	st.	Date
High School District Powder River Co Dist H S	Chair, Board of Ti				Date
I OMARI MARI CO DIST IL S		attest that the above	information is true and correct.		l
Signature - Parent or Guardian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Powder River C	o Dist H S				Powder River		0706
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attact	h explanation))	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circum increased rates, individual trustees of the district, Dublis Instantia (40)	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and a mittee, and th	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10. Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Jana Kelly Physical Address (s	troot address	only):			Pre-kindergarten/Kinde		
Filysical Address (s	sireet address	Offiy).			 1st Semester Only KINDERGARTEN/PRE 		ly Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 50	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid	times per day, times per day, les without other scho	days per week days per week days per week col-age students: days per week days per week days per week
□ Contract is for o	, ,					unics per day,	days per week
Students in Each Grade L				,	Deadlines: PARENTS: Due to Sci	hool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	al to County Supt by Ju	ly 1, retain a copy for your
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board Correspondence						EIMBURSEMENT R strict, county and OP	
Reg.					_		
Contingency					Reimb	oursement rate is determined to 20-10-142, MCA.	mined by
Spec. Ed. Contin.						<u> </u>	
Agreement betweer	n narent (nare	nt name)			, and school district (dis	strict name)	
(county name)	. pa. 5/10 (pa/0)			County hereinat	fter referred to as the District(s	,	,
The parties agree as follow 1. The parent shall tra	ansport or provide		the student(s) t	o and from the school	or bus stop on the days when school is	, in session. The parent or guan	dian assures that a licensed and
	, the District shall p				ion for the distance reported on the contra ation upon certification by the teacher or		umber of days the student(s) was
The payment shall	be computed on the	ne basis of the so	hedule establishear or when the	ned in Section 20-10-	142, MCA, and the information accompar er enrolled in school, whichever occurs fi	nying this contract. rst.	
Elementary School			ard of Truste				Date
High School District Powder River Co Di		Chair, Boa	ard of Truste	es			Date
			l attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity		
High School or K-12 D	istrict Responsit	ole for Reimbu	sing the Con	tract	County		Legal Entity		
Powder River C	o Dist H S				Powder River	-	0706		
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying fo (If yes, please attac	h explanation)	1	□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of residen ces must be re- sportation com	ce. In order to viewed and a mittee, and the	o receive oproved by the	Student Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval HS District Approval	□ yes		ials		Student Name School Grade				
County Approval	□ yes	□ no			THIS CONTRACT IS	FOR:			
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters		
Janice Stevens Physical Address (s	troot addraga	only):			Pre-kindergarten/Kind				
Physical Address (s	street address	only):			□ 1st Semester Only	□ 2nd Semester On	ly Doth Semesters		
Distance from home Elementary 0 Distance from home Elementary 0	HS 0	·	• /		by this contract: To or from Bus Stop_ To or from School Kindergarten child ri To or from Bus Stop_	times per day, times per day, des without other scho	days per week days per week days per week bol-age students: days per week days per week days per week days per week		
☐ Contract is for o	, ,	the students to be	a agreement by the	in nombroot	Deadlines:		· ·		
Students in Each Grade L				<u> </u>	PARENTS: Due to So	chool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origin files.	nal to County Supt by Ju	ly 1, retain a copy for your		
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain				
Spec. Ed. Trans					copy for your files.				
Room & Board Correspondence						REIMBURSEMENT R strict, county and OPI			
Reg.									
Contingency					Reim	nbursement rate is determined about 20-10-142, MCA.	mined by		
Spec. Ed. Contin.						20 10 112, 111071.			
A management has been a		-t							
Agreement between	трагені (рагеі	nt name)			, and school district (di	,	,		
(county name) The parties agree as follow				•	fter referred to as the District(s	,	udian annual de de linean de de		
insured driver will t	transport the stude	nts. Mileage conf	racts are valid	only when transportat	I or bus stop on the days when school is ion for the distance reported on the con ation upon certification by the teacher o	tract actually occurs.			
transported for the	past semester.	, ,	•		142, MCA, and the information accompa		amber of days the student(s) was		
4. This contract shall Elementary School	terminate at the er	nd of the school y	ear or when the rd of Truste	student(s) is no long	er enrolled in school, whichever occurs	first.	Date		
High School District	t	Chair, Boa	rd of Truste	es			Date		
1 Owder Miver CO D	10(110	I	I attes	t that the above	information is true and correct	t.	l		
Signature - Parent or	Guardian					Date			
						i			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	k 202501 , MT 59620		School Year 2005- 2006						
Elementary District Resp	onsible for Re	imbursing the	Contract		County	·	Legal Entity		
High School or K-12 Dist	rict Responsib	ole for Reimbu	rsing the Con	tract	County		Legal Entity		
Powder River Co	Dist H S				Powder Ri	ver	0706		
Is this contract shared ☐ yes ☐ no	l between el	ementary an	d high scho	ol?					
Are you applying for is (If yes, please attach	explanation)		□ No		Student Name	School	Grade		
ISOLATION: Section 20 rates for special circumst increased rates, individual trustees of the district, the light increased rates and the rate of the r	ances of isola al circumstance county trans	tion of resident es must be resportation com	ice. In order to viewed and apmittee, and the	to receive pproved by the	Student Name	School	Grade		
Public Instruction. (10.7.7) Check here only if increa District Trustees and the	sed payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade		
		□ no □ no			THIS CONTRACT	IS FOR:			
Parent or Guardian Na	ame: (Pleas	e Print)			Grades 1-12 □ 1st Semester O	nly 2nd Semester On	ly Both Semesters		
Jean Hoffman					Pre-kindergarten/K				
Physical Address (stre	eet address	oniy):			□ 1st Semester O	nly 2nd Semester On	ly Both Semesters		
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one Students in Each Grade Leve	HS 62 o nearest bu HS 23 e-way only	s stop, if any	/ (one way)	is contract.	Kindergarten chill by this contract: To or from Bus Sto To or from School Kindergarten chill To or from Bus Sto To or from School Deadlines:	p times per day, times per day, d rides without other scho p times per day, times per day, times per day,	days per week		
Γ	Pre-K	K	1-8	9-12	PARENTS: Due to	School Clerk June 1.			
	Total	Total	Total	Total	CLERKS: Send or files.	riginal to County Supt by Ju	ly 1, retain a copy for your		
Regular Trans					COUNTY SUPERI	NTENDENTS: Send origina	al to OPI by July 10, retain a		
Spec. Ed. Trans					copy for your files.				
Room & Board Correspondence					(Fo	REIMBURSEMENT R r district, county and OP			
Reg.					R	eimbursement rate is deter	mined by		
Contingency Spec. Ed. Contin.						20-10-142, MCA.			
	•			<u>'</u>					
Agreement between p	arent (parer	nt name)			, and school district	(district name)	,		
insured driver will trar 2. In March and June, th transported for the pa 3. The payment shall be	nsport the studer be District shall p st semester. computed on the	nts. Mileage con ay the parent the ne basis of the sc	the student(s) t tracts are valid of e sum officially a chedule establish	to and from the school only when transportation approved in the applicated in Section 20-10-	on for the distance reported on the	cool is in session. The parent or guard contract actually occurs. her or principal of the school of the nu companying this contract.			
Elementary School Di			ard of Truste				Date		
High School District Powder River Co Dist	HS	Chair, Boa	ard of Truste	ees			Date		
			l attes	t that the above	information is true and cor	rect.			
Signature - Parent or G	uardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	-2501			School Year 20 le to School Cl			
Elementary District Re	sponsible for Re	imbursing the	Contract		Cou	inty	<u>'</u>	Legal Entity
High School or K-12 D	istrict Responsit	le for Reimbur	sing the Cont	ract	Cou	inty		Legal Entity
Powder River C	o Dist H S				Po	wder River		0706
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high schoo	ol?				
Are you applying for (If yes, please attac ISOLATION: Section	h explanation)			ahura amant	Student 1	Name	School	Grade
rates for special circun increased rates, individ trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of resident es must be revenues to the comment of the comment	ce. In order to riewed and ap nittee, and the	o receive oproved by the	Student N	Name	School	Grade
Check here only if incr District Trustees and the		portation Com	mittee.	proved by the	Student N	Name	School	Grade
Elem District Approval HS District Approval		no	ials 		Student 1	Name	School	Grade
County Approval	□ yes	□ no □ no			THIS CO Grades 1	NTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)				emester Only	□ 2nd Semester On	ly Both Semesters
Kenneth Bird Physical Address (s		- ml).				ergarten/Kinder		
Physical Address (s	treet address	oniy):				•		ly Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o	HS 32.5 e to nearest bu	·			Kinderga by this c To or fron To or fron Kinderga To or fron	arten child ride ontract: m Bus Stop m School arten child ride m Bus Stop	times per day, times per day, times per day, es without other scho	days per week days per week days per week col-age students: days per week days per week days per week
Students in Each Grade Lo	evel - Only include	the students to be	e covered by thi	s contract.	<u>Deadlii</u>			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS		ool Clerk June 1. I to County Supt by Ju	ly 1, retain a copy for your
Regular Trans					files.	, OUDEDINITES	IDENTO Considerácio	al ta ODI has bele 40 matain a
Spec. Ed. Trans						your files.	NDEN 15: Send origina	al to OPI by July 10, retain a
Room & Board							EIMBURSEMENT R	
Correspondence								
Reg. Contingency						Reimb	ursement rate is deter	mined by
Spec. Ed. Contin.							20-10-142, MCA.	
·								
Agreement betweer	n parent (parei	nt name)			, and sch	ool district (dist	rict name)	,
insured driver will t 2. In March and June transported for the 3. The payment shall	ansport or provide t ransport the studer , the District shall p past semester. be computed on the	nts. Mileage cont yay the parent the ne basis of the scl	the student(s) to racts are valid of sum officially a nedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1	on for the distance repation upon certification 42, MCA, and the info	ys when school is in corted on the contra in by the teacher or p	session. The parent or guar ct actually occurs. rincipal of the school of the nu ring this contract.	dian assures that a licensed and umber of days the student(s) was
4. This contract shall Elementary School			ear or when the rd of Truste		er enrolled in school, v	vnicnever occurs firs	SI.	Date
High School District Powder River Co Di		Chair, Boa	rd of Truste	es				Date
			I attest	that the above	information is tru	ie and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620			_	School Year 2005- 20 le to School Clerk Ju				
Elementary District Res			Contract		County		Legal Entity		
High School or K-12 Dis		ole for Reimbu	rsing the Cont	ract	County		Legal Entity		
Powder River Co				10	Powder	River	0706		
Is this contract share ☐ yes ☐ no		·	Ū	ol?					
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)	1	□ No	mbursement	Student Name	School	Grade		
rates for special circum- increased rates, individi trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint the mittee, and the	o receive oproved by the	Student Name	School	Grade		
Check here only if incre	ased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade		
Elem District Approval HS District Approval	□ yes		tials		Student Name School Grade				
County Approval	□ yes	□ no			THIS CONTRA	CT IS FOR:			
Parent or Guardian N	Name: (Pleas	e Print)				r Only	Only Both Semesters		
Larry Clements Physical Address (st	reet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on Students in Each Grade Lee Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 34.5 to nearest but HS 9.2 te-way only	us stop, if any	y (one way)	9-12 Total	Kindergarten o by this contract To or from Bus To or from Scho Kindergarten o To or from Bus To or from Scho Deadlines: PARENTS: Du CLERKS: Seno files. COUNTY SUPE copy for your file	Stop times per dool t	days per week ay, days per week ay, days per week school-age students: ay, days per week ay, days per week ay, days per week ay, days per week ay July 1, retain a copy for your iginal to OPI by July 10, retain a T RATE OPI use only) etermined by		
insured driver will tra In March and June, transported for the payment shall the This contract shall the	s: nsport or provide ansport the stude the District shall p aast semester. be computed on the erminate at the er	transportation for nts. Mileage con ay the parent the ne basis of the so nd of the school y	the student(s) to tracts are valid of e sum officially a chedule establish rear or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the D or bus stop on the days when on for the distance reported on	school is in session. The parent or the contract actually occurs. eacher or principal of the school of t accompanying this contract.	guardian assures that a licensed and he number of days the student(s) was		
Elementary School D	District	,	ard of Truste				Date		
High School District Chair, Board of Trustees Powder River Co Dist H S				es			Date		
			I attes	t that the above	information is true and				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	x 202501 , MT 59620			_	school Year 2005- 2006 e to School Clerk June 1				
Elementary District Resp	onsible for Re	imbursing the	Contract		County		Legal Entity		
High School or K-12 Dist	rict Responsib	le for Reimbur	sing the Cont	ract	County		Legal Entity		
Powder River Co	Dist H S				Powder River		0706		
Is this contract shared □ yes □ no	l between el	ementary and	d high schoo	ol?					
Are you applying for is (If yes, please attach ISOLATION: Section 20	explanation)		□ No	ahuraamant .	Student Name	School	Grade		
rates for special circumsi increased rates, individua trustees of the district, th Public Instruction. (10.7.	tances of isola al circumstanc e county trans	tion of residences must be revenued.	ce. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade		
Check here only if increa District Trustees and the		portation Com	mittee.	proved by the	Student Name	School	Grade		
Elem District Approval HS District Approval		Init □ no □ no	ials 		Student Name School Grade				
County Approval	□ yes □	no			THIS CONTRACT IS F Grades 1-12	FOR:			
Parent or Guardian Notes Peggy Fruit	ame: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters		
Physical Address (stre	eet address	only):			Pre-kindergarten/Kinde □ 1st Semester Only	ergarten	y Both Semesters		
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one Students in Each Grade Leve	HS 13.6 o nearest bu HS 4.9 e-way only el - Only include	s stop, if any	(one way)		by this contract: To or from Bus Stop_ To or from School Kindergarten child ric To or from Bus Stop_	times per day,times per day,times per day,tes without other schotimes per day,times per day,times per day,	days per week days per week days per week col-age students: days per week days per week days per week		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origin files.	al to County Supt by Jul	y 1, retain a copy for your		
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a				
Room & Board					copy for your files. REIMBURSEMENT RATE				
Correspondence					(For dis	strict, county and OPI	use only)		
Reg. Contingency Spec. Ed. Contin.					Reim	bursement rate is deterr 20-10-142, MCA.	mined by		
insured driver will trar 2. In March and June, the transported for the pa 3. The payment shall be	sport or provide t insport the studer ne District shall p list semester.	ransportation for its. Mileage cont ay the parent the e basis of the scl	the student(s) to tracts are valid of sum officially a hedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1	, and school district (district referred to as the District(s or bus stop on the days when school is on for the distance reported on the contribion upon certification by the teacher or 42, MCA, and the information accompa	in session. The parent or guard act actually occurs. principal of the school of the nu nying this contract.			
4. This contract shall ter Elementary School Di			rd of Truste		er enrolled in school, whichever occurs f	iist.	Date		
High School District Powder River Co Dist	HS	Chair, Boa	rd of Truste	es			Date		
			I attest	t that the above i	information is true and correct				
Signature - Parent or G	uardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity		
Powder River C	o Dist H S				Powder River		0706		
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attact	h explanation))	□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com-	ice. In order to viewed and a mittee, and th	o receive oproved by the	Student Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval	□ yes	Ini □ no	tials		Student Name School Grade				
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester On	ly Both Semesters		
Peggy Kolka Physical Address (s	treet address	only).			Pre-kindergarten/Kinde				
1 Hysical Address (s	dicet address	Offig).			☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Distance from home Elementary 0 Distance from home Elementary 0	HS 50	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	es with other school- times per day, times per day, es without other scho times per day,	days per week days per week days per week pol-age students: days per week		
□ Contract is for o	ne-way only				To or from School	times per day, ₋	days per week		
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to Sch	nool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	al to County Supt by Ju	ly 1, retain a copy for your		
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain				
Spec. Ed. Trans					copy for your files.				
Room & Board					R	EIMBURSEMENT R trict, county and OPI			
Correspondence						•			
Reg. Contingency					Reimb	oursement rate is determent 20-10-142, MCA.	mined by		
Spec. Ed. Contin.						20-10-142, IVIOA.			
Agreement betweer	n parent (parei	nt name)			, and school district (dis	,	, , , , , , , , , , , , , , , , , , , ,		
(county name) The parties agree as follow 1. The parent shall tra		transportation for		•	fter referred to as the District(s) I or bus stop on the days when school is it		dian assures that a licensed and		
insured driver will t 2. In March and June	ransport the stude	nts. Mileage con	tracts are valid	only when transportati	ion for the distance reported on the contra ation upon certification by the teacher or	act actually occurs.			
transported for the 3. The payment shall 4. This contract shall	be computed on the	ne basis of the so	hedule establishes	ned in Section 20-10-	142, MCA, and the information accompar er enrolled in school, whichever occurs fire	lying this contract.			
Elementary School			ard of Truste		5. S. John T. Goldon, Willottever Occurs III	<u> </u>	Date		
High School District Powder River Co D		Chair, Boa	ard of Truste	es			Date		
			l attes	t that the above	information is true and correct.				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 a, MT 59620				School Year 2005- 2006 ue to School Clerk June 1				
Elementary District Res	ponsible for Re	eimbursing the	Contract		County	1	Legal Entity		
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Conf	tract	County		Legal Entity		
Powder River Co	Dist H S				Powder River		0706		
Is this contract share	ed between el	ementary an	d high school	ol?	·		<u> </u>		
☐ yes☐ noAre you applying for	isolation state	us? □ Yes	□ No		Student Name	School	Grade		
(If yes, please attach ISOLATION: Section 2	explanation))	increased reir	mbursement	Student Name	SCHOOL	Grade		
rates for special circum increased rates, individ- trustees of the district, t Public Instruction. (10.7	ual circumstand he county trans	ces must be resportation com	viewed and apmittee, and the	oproved by the	Student Name	School	Grade		
Check here only if incre District Trustees and th	ased payment	due to isolation com	n has been ap nmittee.	proved by the	Student Name	School	Grade		
Elem District Approval		□ no	tials		Student Name	School	Grade		
HS District Approval County Approval	□ yes	□ no □ no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian I	Name: (Pleas	e Print)			□ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters		
Roger & Lisa Ga Physical Address (st	skill	only):			Pre-kindergarten/Kinder		- 5 4 6		
i ilysicai Address (st	reet address	Offig).			☐ 1st Semester Only	·	y □ Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or	HS 0 to nearest bu	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,tes without other school_times per day,times per day,	days per week days per week ol-age students: days per week days per week days per week days per week		
Students in Each Grade Le	, ,	the students to b	e covered by thi	is contract.	Deadlines:	10111			
	Pre-K	K	1-8	9-12	PARENTS: Due to Sch				
Dogular Trans	Total	Total	Total	Total	files.	il to County Supt by July	/ 1, retain a copy for your		
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTEI copy for your files.	NDENTS: Send origina	I to OPI by July 10, retain a		
Room & Board						EIMBURSEMENT RA			
Correspondence					(For dis	trict, county and OPI	use only)		
Reg. Contingency					Reimb	ursement rate is determ 20-10-142, MCA.	nined by		
Spec. Ed. Contin.						·			
Agreement between	parent (pare	nt name)			, and school district (dis	rict name)			
insured driver will tr. 2. In March and June, transported for the p. 3. The payment shall the	nsport or provide to ansport the stude the District shall poast semester. be computed on the	nts. Mileage compay the parent the	the student(s) to stracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat approved in the applicated in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is in ion for the distance reported on the contration upon certification by the teacher or put 142, MCA, and the information accompaner enrolled in school, whichever occurs fire	n session. The parent or guardict actually occurs. principal of the school of the nur ying this contract.			
Elementary School D			ard of Truste				Date		
High School District Powder River Co Dis	st H S	Chair, Boa	ard of Truste	es			Date		
			I attes	t that the above	information is true and correct.				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

_				
Co	nt	ro	^ +	-

PO Bo	ox 202501 a, MT 59620			_	School Year 200 le to School Cle				
Elementary District Res	ponsible for Re	eimbursing the	Contract		Count	ty	·	Legal Entity	
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Con	tract	Count	ty		Legal Entity	
Powder River Co	Dist H S				Pow	der River		0706	
Is this contract share □ yes □ no	d between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)		□ No	mburaament	Student Na	ame	School		Grade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	stances of isola ual circumstand he county trans	ation of resident ces must be resportation com	nce. In order to viewed and appoint and the mittee, and the mittee, and the mittee, and the mittee, and the mittee.	o receive oproved by the	Student Na	ame	School		Grade
Check here only if incre District Trustees and the	ased payment	due to isolation	n has been ap	proved by the	Student Na	ame	School		Grade
Elem District Approval HS District Approval		Ini □ no □ no	tials		Student Na	ame	School		Grade
County Approval	□ yes	□ no			THIS CON Grades 1-1	TRACT IS FO	DR:		
Parent or Guardian N	•	e Print)			□ 1st Sem	nester Only	□ 2nd Semester On	ly Both Semes	sters
Russ Greenwood Physical Address (str		only):				garten/Kinder	garten □ 2nd Semester On	lv □ Roth Seme	etere
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- ,,				•	KINDERGARTEN:	ly Bour Semes	icis
Distance from home Elementary 0 Distance from home Elementary 0	HS 25	·			Kindergar by this co To or from To or from Kindergar To or from	ten child ride ntract: Bus Stop School ten child ride Bus Stop	times per day, times per day, times per day, es without other scho times per day, times per day, times per day,	days pe days pe days pe days pe days pe days pe	er week er week er week
Contract is for on	, ,						times per day, _	days pe	I WEEK
Students in Each Grade Lev	vel - Only include	the students to b	e covered by th	is contract.	<u>Deadline</u> PARENTS		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: files.	Send origina	I to County Supt by Ju	ly 1, retain a copy fo	or your
Regular Trans						SUPERINTEN	IDENTS: Send origina	al to OPI by July 10	, retain a
Spec. Ed. Trans					copy for yo	our files.			, , , , , , , , , , , , , , , , , , , ,
Room & Board							EIMBURSEMENT R rict, county and OPI	—	
Correspondence Reg.									
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	mined by	
Spec. Ed. Contin.									
Agreement between	parent (parei	nt name)			·	ol district (dist	/		,
insured driver will tra 2. In March and June, transported for the p 3. The payment shall be	nsport or provide to ansport the stude the District shall p past semester. the computed on the	nts. Mileage con pay the parent the ne basis of the so	the student(s) to tracts are valid of e sum officially a chedule establish	o and from the school only when transportation or the application of t	on for the distance repo ation upon certification b 142, MCA, and the inforr	when school is in rted on the contra by the teacher or p mation accompany	a session. The parent or guard ct actually occurs. rincipal of the school of the nu ring this contract.		
4. This contract shall te Elementary School D			rear or when the ard of Truste		er enrolled in school, wh	ichever occurs firs	st.	Date	
High School District Powder River Co Dis	st H S	Chair, Boa	ard of Truste	es				Date	
- Swaci ravei do Dis	λ.ι.ο	<u> </u>	l attes	t that the above	information is true	and correct.			
Signature - Parent or 0	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006 Due to School Clerk June Contract #

Heler	na, MT 59620	-2501		Di	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	_	Legal Entity		
Broadus Elem						Powder River		0705		
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share	ad batwaan al	omontory or	d high coho	N2						
g yes no	ea between ei	ementary ar	ia nign schoo) וכ						
Are you applying for	isolation statu	us? □ Yes	□ No		Stuc	dent Name	School		Grade	
(If yes, please attack ISOLATION: Section 2	h explanation)	nrovides for	increased rein	nhursement]]	dent Name	301001		Grade	
rates for special circum	nstances of isola	ition of resider	nce. In order to	o receive	Stuc	dent Name	School		Grade	
increased rates, individe trustees of the district,	the county trans	portation com	mittee, and the		State	dent Name	301001		Grade	
Public Instruction. (10.	7.116 ARM prov	rides guideline	s for such.)		Stuc	dent Name	School		Grade	
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Student Name School Grade					
		In	itials		Student Name School Grade					
Elem District Approval HS District Approval		□ no □ no								
County Approval		□ no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>			
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly □ Both Se	mesters	
Amy Minow					Pre-	kindergarten/Kinder	narten			
Physical Address (s	treet address	only):					☐ 2nd Semester On	ly □ Both Se	mesters	
					KIN	DERGARTEN/PRE	(INDERGARTEN:			
Distance from home		l 1 / · · · ·			Kind	dergarten child ride	es with other school-	age students a	lso covered	
Distance from home Elementary 0	to nearest sc HS 0	nooi (one wa	ay)		by t	his contract:	times per day, _	dayı	s ner week	
•			,		To c	or from School	times per day,	days	s per week	
Distance from home Elementary 8	to nearest bu HS 0	is stop, if an	y (one way)		Kind	dergarten child ride	es <u>without</u> other scho times per day,	ool-age studen	ts: s ner week	
					To c	or from School	times per day,	day:	s per week	
□ Contract is for o	, ,				Do	adlines:				
Students in Each Grade Le	evel - Only include	the students to t	be covered by thi	s contract.	PAR	RENTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	DKS. Sand original	to County Supt by Jul	ly 1 rotain a co	ny for your	
	Total	Total	Total	Total	files		to County Supt by Ju	iy i, ietalii a co	by for your	
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, ret					
Spec. Ed. Trans						for your files.	DENTS. Send ongine	ar to Or 1 by July	, 10, letaill a	
Room & Board						RF	EIMBURSEMENT R	ΔTF		
							rict, county and OPI	—		
Correspondence										
Reg.						 Reimbi	ursement rate is deteri	mined by		
Contingency Spec. Ed. Contin.							20-10-142, MCA.			
5p00. Eu. 00mm.										
Agreement between	parent (parer	nt name)			, and	d school district (dist	rict name)		,	
(county name)			(County hereina	ifter referred	to as the District(s).				
The parties agree as follow		ransportation for		•		` ,	session. The parent or guard	dian assures that a li	censed and	
insured driver will to	ransport the studer	nts. Mileage cor	tracts are valid of	only when transporta	tion for the dista	nce reported on the contract				
transported for the	past semester.	•	•		·	the information accompany	•	ander of days the Stu	contra was	
 This contract shall 	terminate at the en	d of the school	ear or when the	student(s) is no long		the information accompany shool, whichever occurs firs		T. 6.		
Elementary School Broadus Elem	District	Chair, Boa	ard of Truste	es				Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			I attes	that the above	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	MT 59620-	-2501		Du	ie to Scho	ol Clerk June 1			
Elementary District Respo	onsible for Rei	imbursing the	Contract			County	I	Legal Entity	
Broadus Elem						Powder River		0705	
High School or K-12 Distr	ict Responsibl	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared ☐ yes ☐ no	between ele	ementary ar	nd high school	ol?					
Are you applying for is	olation statu	ıs? □ Yes	□ No		Stuc	dent Name	School	Grade	-
(If yes, please attach e ISOLATION: Section 20-	xplanation) 10-142. MCA	. provides for	increased rein	nbursement		icht ivanic	CCHOOL	Grade	
rates for special circumsta increased rates, individua trustees of the district, the Public Instruction. (10.7.1	ances of isolat I circumstance county transp	tion of resider es must be re portation com	nce. In order to eviewed and ap imittee, and the	o receive proved by the	Stud	lent Name	School	Grade	·
Check here only if increas	ed payment d	due to isolatio	n has been ap	proved by the	Stud	dent Name	School	Grade	;
Elem District Approval	□ yes □		itials		Stud	dent Name	School	Grade	;
County Approval	□ yes □	no				<u>S CONTRACT IS FO</u> des 1-12	DR:		
Parent or Guardian Na	ıme: (Please	e Print)				st Semester Only	□ 2nd Semester Only	/ □ Both Semesters	
Carlene Gaskill Physical Address (stre	et address o	only):				kindergarten/Kinder st Semester Only		y □ Both Semesters	
Distance from home to Elementary 32 Distance from home to	nearest sch HS 0 nearest bus HS 0	nool (one wa	y (one way) De covered by thi 1-8 Total	9-12 Total	KIN Kind by t To c Kind To c To c PAF CLE files COU	DERGARTEN/PREP dergarten child ride his contract: or from Bus Stop or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original or for your files. REINTENTENTENTENTENTENTENTENTENTENTENTENTEN	kindergarten: s with other school-a times per day, times per day, s without other school times per day, times per day, times per day, to County Supt by July IDENTS: Send origina EIMBURSEMENT RA rict, county and OPI ursement rate is determ 20-10-142, MCA.	days per week days per week ol-age students: days per week	
insured driver will trans 2. In March and June, the transported for the pas 3. The payment shall be	port or provide tr sport the studeni E District shall pa st semester. computed on the ninate at the enc	ransportation for ts. Mileage cor ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially a	County, hereinaf o and from the school only when transportati oproved in the applicated ed in Section 20-10-1 student(s) is no longer	fter referred or bus stop on ion for the dista ation upon certi	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and inber of days the student(s) was	.,
High School District		Chair, Boa	ard of Truste	es				Date	
			I attest	that the above	information	is true and correct.		l	_
Signature - Parent or Gu	ıardian						Date		_

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Broadus Elem					Powder Rive	۵r	0705
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County	<u> </u>	Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for	r isolation stat	us? □ Yes	□ No		Student Name	School	Grade
(If yes, please attac ISOLATION: Section			increased reir	mbursement	Stadent Name	Concor	Grade
rates for special circun increased rates, individ trustees of the district,	dual circumstand the county trans	ces must be resportation com	viewed and apmittee, and th	oproved by the	Student Name	School	Grade
Public Instruction. (10. Check here only if incr	·	J	•	oproved by the	Student Name	School	Grade
District Trustees and the		sportation Com		, ,			
Elem District Approval HS District Approval		□ no □ no			Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT IS Grades 1-12	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	/ □ 2nd Semester Only	y Both Semesters
Karen Pino					Pre-kindergarten/Kin	dergarten	
Physical Address (s	treet address	only):			☐ 1st Semester Only	/ 2nd Semester Only	y Both Semesters
						REKINDERGARTEN:	and attudents also account
Distance from home Elementary 57	e to nearest so HS 0	hool (one wa	ay)		by this contract: To or from Bus Stop	times per day, _	ge students also covered days per week
Distance from home Elementary 35	e to nearest bu HS 0	ıs stop, if any	(one way)		To or from School _ Kindergarten child	times per day, _ rides without other scho	days per week ol-age students: days per week days per week days per week
□ Contract is for o	ne-way only				To or from School _	times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to S	Sahaal Clark Juna 1	
	Pre-K	_K	_1-8	9-12			
	Total	Total	Total	Total	CLERKS: Send orig files.	inal to County Supt by July	y 1, retain a copy for your
Regular Trans					COUNTY SUPERINT	FENDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.	ZIIZZIII O. Oona ongma	
Room & Board						REIMBURSEMENT RA	
Correspondence					(For c	district, county and OPI	use only)
Reg.					Poi	mbursement rate is detern	ainod by
Contingency Spec. Ed. Contin.					I Kei	20-10-142, MCA.	illied by
opec. Lu. contin.							
Agreement betweer	n parent (parei	nt name)			, and school district (d	district name)	,
(county name) The parties agree as follow	MC.			County, hereinaf	ter referred to as the District	(s).	
 The parent shall tra 	ansport or provide				or bus stop on the days when school on for the distance reported on the co		ian assures that a licensed and
In March and June transported for the	, the District shall p	pay the parent the	sum officially a	approved in the applica	tion upon certification by the teacher	or principal of the school of the nui	mber of days the student(s) was
The payment shall	be computed on the				42, MCA, and the information accomprended in school, whichever occurs		
Elementary School			rd of Truste			Ju	Date
Broadus Elem High School District	:	Chair, Boa	ard of Truste	es			Date
			Lattes	t that the chave	nformation is true and serre	ct	
Signature - Parent or	Guardian		rattes	t tilat tile above l	nformation is true and corre	Date	
orginature - ratetit of	Juai uiai i					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		Di	ue to School Cl	erk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract		Cou	nty	<u> </u>	Legal Entity	
Broadus Elem					Po	wder River		0705	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract	Cou			Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?	<u> </u>			<u> </u>	
Are you applying for			□ No		Student N	Jame	School		Grade
(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142, MCA	A, provides for	increased reir	nbursement		taino	30/100/		Orado
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.	lual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Student N	lame	School		Grade
Check here only if incre	·	, ,	ŕ	unround by the	Student N	Name	School		Grade
District Trustees and th		portation Con	nmittee.	proved by the					
Elem District Approval		□ no	itials		Student N	Name	School		Grade
HS District Approval County Approval		□ no □ no				NTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Lisa Lynch						•	•	,	
Physical Address (s	treet address	only):				ergarten/Kinder mester Only	garten □ 2nd Semester Onl	v □ Both Se	mesters
							KINDERGARTEN:	,	
Distance from home Elementary 25	HS 0	,	• /		Kinderga by this c To or from	arten child ride ontract: n Bus Stop	es <u>with</u> other school-a times per day, _ times per day, _	days	s per week
Distance from home Elementary 8	to nearest but HS 0	ıs stop, if an	y (one way)		Kinderga	rten child ride	es <u>without</u> other scho times per day, _ times per day, _	ol-age student	ts:
☐ Contract is for o	ne-way only						umoo por day, _	uu,	o por wook
Students in Each Grade Le	evel - Only include	the students to	be covered by thi	is contract.	<u>Deadlii</u> PARENT	<u>1es:</u> S : Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total			I to County Supt by July	y 1, retain a cop	by for your
Regular Trans							IDENITO 0 1 1 1 1	05	40
Spec. Ed. Trans					copy for y		IDENTS: Send origina	i to OPI by July	/ 10, retain a
Room & Board						RF	IMBURSEMENT RA	ATF	
C						(For dist	rict, county and OPI	use only)	
Correspondence									
Reg. Contingency						Reimb	ursement rate is detern	nined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agraement between	narant (nara	at nama)			and ash	aal diatriat (diat	riot nama)		
Agreement between	ı parent (parei	it name)			, and sch	ooi aistrict (aist	rict name)		,
(county name) The parties agree as follow	vs:			County, hereina	fter referred to as	the District(s)			
The parent shall tra insured driver will to	insport or provide transport the studer	nts. Mileage cor	ntracts are valid o	only when transportat	ion for the distance rep	orted on the contra			
In March and June, transported for the	, the District shall p past semester.	ay the parent th	e sum officially a	pproved in the applic	ation upon certification	by the teacher or p	rincipal of the school of the nur	mber of days the stu	dent(s) was
		d of the school	year or when the	student(s) is no long	142, MCA, and the info er enrolled in school, v				
Elementary School District Chair, Board of Trustees Broadus Elem								Date	
High School District Chair, Board of Trustees								Date	
			l attes	t that the above	information is tru	e and correct		1	
Signature - Parent or	Guardian		i alics	. That the above	omadon is the	.c and correct.	Date		
J									

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501		Di	e to School Clerk June 1				
Elementary District Res	sponsible for Re	imbursing the	Contract		Co	ounty	1	Legal Entity	
Broadus Elem					Р	owder River		0705	
High School or K-12 Di	istrict Responsit	ole for Reimbu	rsing the Con	tract	Co	ounty		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for (If yes, please attacl			□ No		Student	t Name	School		Grade
ISOLATION: Section 2	20-10-142, MCA	A, provides for							
rates for special circum increased rates, individ	lual circumstand	es must be re	viewed and ap	oproved by the	Student	t Name	School		Grade
trustees of the district, Public Instruction. (10.7)				е Опісе от	-				
Check here only if incre District Trustees and th				proved by the	Student	t Name	School		Grade
Elem District Approval	□ yes	In □ no	itials		Student	t Name	School		Grade
HS District Approval County Approval		□ no □ no			THIS C	ONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st S	1-12 Semester Only	☐ 2nd Semester Onl	v □ Both Se	mesters
Steve Stoddard						dergarten/Kinder		, = ===================================	
Physical Address (s	treet address	only):					2nd Semester Only	y 🛛 Both Se	mesters
							KINDERGARTEN:		
Distance from home	to nearest so	hool (one wa	ay)			garten child ride contract:	es with other school-a	age students a	lso covered
Elementary 35	HS 0				To or fr	om Bus Stop	times per day, _	day	s per week
Distance from home Elementary 26.7	to nearest bu HS 0	is stop, if an	y (one way)		Kinder	garten child ride	times per day, _ es <u>without</u> other scho times per day, times per day, _	ol-age studen	ts:
☐ Contract is for or	ne-way only				To or fr	om School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	Deadl	<mark>lines:</mark> ITS: Due to Sch	aal Clark luna 1		
	Pre-K Total	K Total	1-8 Total	9-12 Total			l to County Supt by Jul	v 1 retain a co	ov for your
Regular Trans					files.	ioi cond ongma	to county capt by car	y 1, 10tam a 00	oy ioi you
Spec. Ed. Trans						FY SUPERINTEN r your files.	IDENTS: Send origina	ll to OPI by July	/ 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE	
Correspondence							rict, county and OPI		
Reg.									
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	parent (parei	nt name)			, and so	chool district (distr	rict name)		,
(county name)				County, hereina	fter referred to	as the District(s).			
	insport or provide t						session. The parent or guard	ian assures that a li	censed and
In March and June, transported for the	the District shall p	nay the parent th	e sum officially a	pproved in the applic	ation upon certificati	reported on the contraction by the teacher or p	ct actually occurs. rincipal of the school of the nul	mber of days the stu	ident(s) was
The payment shall	be computed on the					nformation accompany I, whichever occurs firs			
Elementary School District Chair, Board of Trustees Broadus Elem								Date	
High School District Chair, Board of Trustees								Date	
			I attes	t that the above	information is t	true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 ia, MT 59620	-2501		Du	e to Scho	chool Clerk June 1					
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity			
Broadus Elem						Powder River		0705			
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share □ yes □ no	ed between el	ementary ar	nd high schoo	ol?							
Are you applying for	isolation statu	us? □ Yes	□ No		Stuc	lent Name	School	Grade			
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142. MCA	A. provides for	increased rein	nbursement	Otac	ient ivanie	GCHOOL	Grade			
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstand the county trans	ition of resider ces must be re sportation com	nce. In order to eviewed and ap imittee, and the	proved by the	Stud	lent Name	School	Grade			
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	me School Gra				
Elem District Approval HS District Approval	□ yes		itials		Stud	lent Name	School	Grade			
County Approval	□ yes	no				S CONTRACT IS FO des 1-12	OR:				
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Onl	y Both Semesters			
Vali Gaskill Physical Address (st	reet address	only):				Pre-kindergarten/Kindergarten 1st Semester Only 2nd Semester Only Both Semesters					
Distance from home to nearest school (one way) Elementary 28.3 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 5.2 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.					KIN Kind by the Took Kind Took Took Took Took Took Took Took Too	DERGARTEN/PREP Dergarten child ride his contract: or from Bus Stop or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho RENTS: Due to Scho RKS: Send original or for your files. REINTS: REINTEN OF FOR YOUR FILES. REINTS: REINTEN OF FOR YOUR FILES. REINTS: REINTEN OF FOR YOUR FILES.	times per day,times p	days per week days per week days per week ol-age students: days per week			
insured driver will tr 2. In March and June, transported for the The payment shall	rs: Insport or provide to ansport the studer the District shall posats semester. De computed on the erminate at the en	ransportation fo nts. Mileage cor ay the parent th ne basis of the s nd of the school	r the student(s) to tracts are valid o e sum officially ap	County, hereinaft o and from the school nly when transportatic oproved in the applica ed in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista ation upon certi 42, MCA, and	to as the District(s). the days when school is in	et actually occurs. rincipal of the school of the nu	dian assures that a licensed and mber of days the student(s) was			
High School District								Date			
I attest that the above information is						is true and correct		<u> </u>			
Signature - Parent or	Guardian		7 411001				Date				
-											

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620)-2501			ue to School			
Elementary District Re	sponsible for Re	eimbursing the	Contract		(County	-	Legal Entity
Broadus Elem					F	Powder River		0705
High School or K-12 D	·	ble for Reimbu	rsing the Con	tract	(County		Legal Entity
Powder River C	o Dist H S				F	Powder River		0706
Is this contract share ☐ yes ☐ no	ed between e	lementary an	d high scho	ol?				
Are you applying for (If yes, please attact	h explanation)	□ No		Studer	nt Name	School	Grade
ISOLATION: Section rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.	nstances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and a mittee, and th	o receive oproved by the	Studer	nt Name	School	Grade
Check here only if incre District Trustees and the		sportation Com	mittee.	proved by the	Studer	nt Name	School	Grade
Elem District Approval		□ no	tials		Studer	nt Name	School	Grade
HS District Approval County Approval	,	□ no □ no				CONTRACT IS FO	<u>R:</u>	
Parent or Guardian	Name: (Pleas	e Print)			Grade □ 1st	s 1-12 Semester Only	□ 2nd Semester Onl	y Both Semesters
Aletta Shannon					Pre-kir	ndergarten/Kinderg	arten	
Physical Address (s	treet address	only):						y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Lease Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	us stop, if any	y (one way)	is contract. 9-12 Total	Kinde by this To or f To or f Kinde To or f To or f To Each PARE CLER files. COUN	rom Bus Stoprom Schoolrom Schoolrom Schoolrom Schoolrom Schoolrom Schoolrom School	times per day, times per day, times per day, swithout other school-times per day, times per day, tool Clerk June 1.	days per week da	
insured driver will t 2. In March and June transported for the 3. The payment shall 4. This contract shall Elementary School	vs: unsport or provide ransport the stude the District shall p past semester. be computed on ti terminate at the ei	transportation for nts. Mileage con pay the parent the ne basis of the so nd of the school y	the student(s) t tracts are valid e sum officially a	County, hereina o and from the schoo only when transportat ipproved in the applicated in Section 20-10- student(s) is no long	of the referred to of or bus stop on the distance cation upon certification.	reported on the contract	session. The parent or guard t actually occurs. incipal of the school of the nu	dian assures that a licensed and limber of days the student(s) was
Broadus Elem High School District Chair, Board of Trustees								Date
Powder River Co Dist H S I attest that the above					informati i	Amora and an a		
Signature - Parent or	Guardian		ı attes	t triat the above	information is	true and correct.	Date	

Address, City, Zip Code Phone Number

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	0-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the C	Contract			County		Legal Entity
Broadus Elem						Powder River		0705
High School or K-12 D	istrict Responsi	ble for Reimburs	sing the Con	tract		County		Legal Entity
Powder River C	o Dist H S					Powder River		0706
Is this contract share	ed between e	lementary and	l high scho	ol?				
Are you applying for	isolation stat	us? 🗆 Yes	□ No		Ctur	dent Name	Cohool	Crado
(If yes, please attack ISOLATION: Section 2	h explanation)	ocreased rein	mbursement	Stud	dent Name	School	Grade
rates for special circum increased rates, individ	nstances of isolation	ation of residenc ces must be revi	e. In order to the contract in	o receive oproved by the	Stud	dent Name	School	Grade
trustees of the district, Public Instruction. (10.				е Опісе от	-			
Check here only if incre District Trustees and th				pproved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval		□ no			Stud	dent Name	School	Grade
County Approval	□ yes	□ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	se Print)				des 1-12 st Semester Only	□ 2nd Semester Only	□ Both Semesters
Cheri Fulton					Pre-	-kindergarten/Kinder	garten	
Physical Address (s	treet address	only):			□ 1	st Semester Only	☐ 2nd Semester Only	□ Both Semesters
Distance from home		chool (one way	y)		Kind by t	his contract:	es <u>with</u> other school-a	ge students also covered
Elementary 0 Distance from home		us stop, if any	(one way)		To d Kin	or from School dergarten child ride	times per day, _ es <u>without</u> other schoo	days per week days per week ol-age students:
Elementary 0	HS 15				To o	or from Bus Stop or from School	times per day, _ times per day, _	days per week days per week
☐ Contract is for or Students in Each Grade Le	, ,	the students to be	covered by th	is contract.	De	adlines:		
	Pre-K	К	1-8	9-12	PAF	RENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLE files	-	I to County Supt by July	1, retain a copy for your
Regular Trans					COI	UNTY SUPERINTEN	IDENTS: Send original	I to OPI by July 10, retain a
Spec. Ed. Trans						y for your files.		
Room & Board							EIMBURSEMENT RA	
Correspondence							,	,,
Reg. Contingency						Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	parent (pare	nt name)			, and	d school district (dist	rict name)	
(county name)				County, hereinaf	ter referred	to as the District(s).		
	insport or provide					the days when school is in	session. The parent or guardi	an assures that a licensed and
	the District shall							nber of days the student(s) was
 This contract shall 	terminate at the e	nd of the school ye	ar or when the	student(s) is no longe		the information accompany chool, whichever occurs first		1
Elementary School District Chair, Board of Trustees Broadus Elem								Date
High School District Powder River Co Di		Chair, Board of Trustees						Date
		•	I attes	t that the above	information	is true and correct.		•
Signature - Parent or	Guardian						Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 59620			School Year 2005- 2006 ue to School Clerk June 1					
Elementary District Responsible for Re	imbursing the Cor	ntract	County	Legal Entity				
Broadus Elem			Powder River	0705				
High School or K-12 District Responsib	le for Reimbursin	g the Contract	County	Legal Entity				
Powder River Co Dist H S			Powder River	0706				
Is this contract shared between ele	ementary and h	igh school?						
□ yes □ no	O = V	- N-						
Are you applying for isolation statu (If yes, please attach explanation)		□ No	Student Name School	Grade				
ISOLATION: Section 20-10-142, MCA rates for special circumstances of isola								
increased rates, individual circumstance trustees of the district, the county trans	es must be review	ved and approved by the	Student Name School	Grade				
Public Instruction. (10.7.116 ARM prov								
Check here only if increased payment of			Student Name School	Grade				
District Trustees and the County Trans	portation Committ Initials		Student Name School	Crada				
	no no		Student Name School	Grade				
County Approval	no		THIS CONTRACT IS FOR: Grades 1-12					
Parent or Guardian Name: (Please	e Print)		☐ 1st Semester Only ☐ 2nd Semester O	nly Both Semesters				
Curt Riesland			Pre-kindergarten/Kindergarten					
Physical Address (street address	only):		☐ 1st Semester Only ☐ 2nd Semester O	nly Both Semesters				
			KINDERGARTEN/PREKINDERGARTEN:					
Distance from home to nearest so	hool (one way)		Kindergarten child rides with other school by this contract:	l-age students also covered				
ementary 0 HS 35			To or from Bus Stop times per day,	days per week				
Distance from home to nearest bu	s stop, if any (o	ne way)	To or from School times per day, Kindergarten child rides without other sch	days per week				
Elementary 0 HS 4.1	1, ,	3,	To or from Bus Stop times per day,	days per week				
☐ Contract is for one-way only			To or from School times per day,	days per week				
Students in Each Grade Level - Only include	the students to be co	vered by this contract.	<u>Deadlines:</u>					
Pre-K	K	1-8 9-12	PARENTS: Due to School Clerk June 1.					
Total		Total Total	CLERKS: Send original to County Supt by July 1, retain a copy for your					
Regular Trans			files.					
Spec. Ed. Trans			COUNTY SUPERINTENDENTS: Send origin copy for your files.	nal to OPI by July 10, retain a				
				DATE				
Room & Board			REIMBURSEMENT F (For district, county and OF	- · · · -				
Correspondence			(
Reg.			Reimbursement rate is dete	rmined by				
Contingency Spec. Ed. Contin.			20-10-142, MCA.					
opos. Ed. Gorium.								
Agreement between parent (parer	nt name)		, and school district (district name)	,				
(county name)		County, hereina	after referred to as the District(s).					
			ol or bus stop on the days when school is in session. The parent or gua	ardian assures that a licensed and				
In March and June, the District shall p			ation for the distance reported on the contract actually occurs. cation upon certification by the teacher or principal of the school of the	number of days the student(s) was				
			1-142, MCA, and the information accompanying this contract.					
Elementary School District	Chair, Board		ger enrolled in school, whichever occurs first.	Date				
Broadus Elem High School District	Chair, Board	of Trustocs		Date				
Powder River Co Dist H S	Oliali, Duard	UI ITUSIEES	Date					
		I attest that the above	e information is true and correct.					

Signature - Parent or Guardian Date Address, City, Zip Code Phone Number

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena,	MT 59620-	-2501		Du	e to School	ol Clerk June 1			
Elementary District Respo	nsible for Rei	imbursing the	Contract			County	<u>'</u>	Legal Entity	
Broadus Elem						Powder River		0705	
High School or K-12 Distri	ct Responsib	le for Reimbu	rsing the Con	tract		County		Legal Entity	
Powder River Co I	Dist H S					Powder River		0706	
Is this contract shared ☐ yes ☐ no	between ele	ementary ar	nd high scho	ol?					
Are you applying for iso (If yes, please attach e		ıs? □ Yes	□ No		Stud	ent Name	School	Grade	
ISOLATION: Section 20- rates for special circumstal increased rates, individual trustees of the district, the Public Instruction. (10.7.1	10-142, MCA ances of isolat circumstance county trans	tion of resider es must be re portation com	nce. In order to eviewed and apainmittee, and the	o receive oproved by the	Student Name School Grad				
Check here only if increas District Trustees and the 0	ed payment o	due to isolatio	n has been ap	pproved by the	Student Name School Gra				
Elem District Approval HS District Approval	yes [itials			ent Name	School	Grade	
Parent or Guardian Na					Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Diana Goodwin Physical Address (street	Diana Goodwin Physical Address (street address only):					kindergarten/Kinder	garten	y Both Semesters	
Distance from home to Elementary 0 Distance from home to Elementary 0	HS 0	·			Kind by the To do To do Kind	his contract: r from Bus Stop r from School lergarten child ride	es <u>with</u> other school-a times per day, _ times per day, _ es without other scho	days per week days per week days per week ol-age students: days per week days per week days per week	
☐ Contract is for one-	, ,	iba atudanta ta l	ha aayarad by th	in contract		adlines:			
Students in Each Grade Level	-			, <u>,</u>	PAR	ENTS: Due to Sch	ool Clerk June 1.		
-	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE files		to County Supt by July	y 1, retain a copy for your	
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a				
					copy	for your files.		175	
Room & Board Correspondence						'\=	IMBURSEMENT RA	··-	
Reg.									
Contingency Spec. Ed. Contin.						Reimbi	ursement rate is detern 20-10-142, MCA.	nined by	
	L								
Agreement between pa	arent (paren	it name)			, and	school district (dist	rict name)	,	
insured driver will trans 2. In March and June, the transported for the pas 3. The payment shall be o	sport the studen District shall pa t semester. computed on the	its. Mileage cor ay the parent th e basis of the s	r the student(s) t ntracts are valid of e sum officially a chedule establish	o and from the school only when transportation of the application of the application of the section 20-10-1	or bus stop on on for the distantion upon certif	nce reported on the contraction by the teacher or potter information accompany	session. The parent or guard ct actually occurs. rincipal of the school of the nur ing this contract.	ian assures that a licensed and mber of days the student(s) was	
4. This contract shall terminate at the end of the school year or when the student(s) is no longe Elementary School District Chair, Board of Trustees Broadus Elem						,		Date	
High School District Chair, Board of Trustees Powder River Co Dist H S								Date	
			I attes	t that the above i	information	is true and correct.			
Signature - Parent or Gu	ardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the	Contract			County	-	Legal Entity
South Stacey E	lem					Powder River		0709
High School or K-12 D	istrict Responsit	le for Reimbur	sing the Cont	ract		County		Legal Entity
Is this contract share □ yes □ no	ed between el	ementary and	d high schoo	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.)	nstances of isola dual circumstand the county trans	tion of resident es must be revenues to the comment of the comment	ce. In order to riewed and ap mittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incredit Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Init □ no			Stud	dent Name	School	Grade
County Approval	□ yes	□ no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian	•	e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters
Becky Andersor Physical Address (s	Treet address	only):				kindergarten/Kinder		
1 Hysical Address (s	arcet address	orny).				·		ly Doth Semesters
Distance from home to nearest school (one way) Elementary 7.4 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0					Kind by t To d To d Kind To d	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	times per day, times per day, times per day, ses without other sche times per day,	days per week
□ Contract is for o	ne-way only				Тос	or from School	times per day,	days per week
Students in Each Grade Le	evel - Only include	the students to be	e covered by thi	s contract.	Dea	adlines: RENTS: Due to Scho	aal Clark luna 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	ERKS: Send original		lly 1, retain a copy for your
Regular Trans					files			
Spec. Ed. Trans						y for your files.	IDENIS: Send origin	al to OPI by July 10, retain a
Room & Board							EIMBURSEMENT R	
Correspondence						(FOI dist	nct, county and OF	r use only)
Reg. Contingency						Reimbi	ursement rate is deter	mined by
Spec. Ed. Contin.							20-10-142, MCA.	
		1						
Agreement betweer	n parent (parei	nt name)			, and	d school district (distr	rict name)	······································
(county name)			(County, hereinaf	ter referred	to as the District(s).		
	ansport or provide t					the days when school is in nce reported on the contract		dian assures that a licensed and
	, the District shall p							umber of days the student(s) was
 This contract shall 	terminate at the er	d of the school ye	ear or when the	student(s) is no longe		the information accompany chool, whichever occurs firs		T _
Elementary School South Stacey Elem	ary School District Chair, Board of Trustees							Date
High School District								Date
			I attes	t that the above	information	is true and correct.		<u> </u>
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		Dι	ue to School	Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	1	Legal Entity
South Stacey El	em					Powder River		0709
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?	<u>'</u>			
Are you applying for			□ No		Stude	nt Name	School	Grade
(If yes, please attack ISOLATION: Section 2)	h explanation) 20-10-142. MCA	A. provides for	increased reir	mbursement		nt Name	GCHOOL	Clade
rates for special circum increased rates, individe trustees of the district, Public Instruction. (10.)	nstances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and appropriate the contract of the c	o receive oproved by the	Stude	nt Name	School	Grade
Check here only if incre	eased payment	due to isolatio	n has been ap	proved by the	Stude	nt Name	School	Grade
District Trustees and the Elem District Approval	□ yes	In □ no	itials		Stude	nt Name	School	Grade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				s 1-12 Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
Jill Kolka						Ţ	·	
Physical Address (s	treet address	only):				ndergarten/Kinder Semester Only		/ □ Both Semesters
					KIND	FRGARTEN/PRFI	(INDERGARTEN:	
Distance from home Elementary 5	to nearest so HS 0	chool (one w	ay)		Kinde by thi	rgarten child ride s contract:	es <u>with</u> other school-a	ge students also covered days per week days per week
Distance from home Elementary 0	to nearest bu HS 0	ıs stop, if an	y (one way)		Kinde To or	rgarten child ride from Bus Stop	es <u>without</u> other school times per day, _	ol-age students: days per week days per week days per week
☐ Contract is for or	ne-way only						imes per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to	be covered by thi	is contract.	<u>Deac</u>	dlines: NTS: Due to Sch	ool Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total				/ 1, retain a copy for your
Regular Trans								
Spec. Ed. Trans						ITY SUPERINTEN or your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board					.,	PE	EIMBURSEMENT RA	\TF
							rict, county and OPI	
Correspondence								
Reg. Contingency						Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
						•		
A super super super la set use su		-4)				abaal diatriat (diat	sint mamma)	
Agreement between	грагені (рагеі	it name)				school district (dist	,	,
(county name) The parties agree as follow	vs:			County, hereinat	fter referred to	as the District(s).		
insured driver will to	ransport the stude	nts. Mileage cor	ntracts are valid o	only when transportati	ion for the distanc	e reported on the contra	ct actually occurs.	an assures that a licensed and
transported for the	past semester.		•		•		·	nber of days the student(s) was
This contract shall	terminate at the er	nd of the school	year or when the	student(s) is no longe	142, MCA, and the er enrolled in scho	e information accompany ol, whichever occurs firs	ring this contract. t.	
Elementary School District South Stacey Elem Chair, Board of Trustees							Date	
High School District Chair, Board of Trustees								Date
		<u> </u>	l attes	t that the above	information is	true and correct.		
Signature - Parent or	Guardian		rancs	t that the above	omation is	and direction	Date	
	-							

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501		Du	e to Scho	ol Clerk June 1				
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity		
South Stacey El	em					Powder River		0709		
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?						
Are you applying for			□ No		Stu	dent Name	School	Grade		
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142. MCA	A. provides for	increased rein	nbursement	Otac	icht ivanic	GCHOOL	Grade		
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstance the county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap imittee, and the	receive proved by the	Stud	lent Name	School	Grade		
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stud	ident Name School Gra				
Elem District Approval HS District Approval	□ yes □		itials			dent Name	School	Grade		
	□ yes	no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>			
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	☐ 2nd Semester Only	y □ Both Semesters		
Julie Riley Physical Address (st	treet address	only):				kindergarten/Kinder st Semester Only		y Both Semesters		
Distance from home to nearest school (one way) Elementary 12.7 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.					Eximite the point of the point	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original of for your files. REINTS:	times per day,times per day,	days per week da		
insured driver will tr 2. In March and June, transported for the The payment shall	rs: nsport or provide t ansport the studer the District shall p past semester. be computed on th terminate at the en	ransportation fo its. Mileage cor ay the parent th ie basis of the si d of the school	r the student(s) to tracts are valid o e sum officially ap	County, hereinafor and from the school only when transportation or the application of the	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was		
High School District	High School District Chair, Board of Trustees							Date		
I attest that the above information is true and correct.										
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	sox 202501 na, MT 59620)-2501		Du	e to School C	erk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		Cou	inty		Legal Entity
South Stacey El	lem				Po	wder River		0709
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract	Cou			Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high schoo	ol?				
Are you applying for			□ No		Student I	Name	School	Grade
(If yes, please attack ISOLATION: Section :	20-10-142, MCA	A, provides for						
rates for special circum increased rates, individual trustees of the district, Public Instruction. (10.1)	lual circumstand the county trans	ces must be resportation com	viewed and apmittee, and the	oproved by the	Student	Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolation	n has been ap	proved by the	Student	Name	School	Grade
Elem District Approval	•		tials		Student I	Name	School	Grade
HS District Approval County Approval	□ yes	□ no			THIS CO	NTRACT IS FO	OR:	
Parent or Guardian					Grades 1			□ Both Semesters
Molly Lammi						•	•	both Semesters
Physical Address (s	treet address	only):				ergarten/Kinder emester Only	garten 2nd Semester Only	/ □ Both Semesters
					KINDER	GARTEN/PRE	KINDERGARTEN:	
Distance from home Elementary 4.2	e to nearest so HS 0	chool (one wa	ay)		Kinderga by this of To or fro	arten child ride ontract: n Bus Stop	es <u>with</u> other school-a times per day,	ge students also covered days per week
Distance from home Elementary 0	to nearest bu	ıs stop, if any	(one way)		To or from Kinderg	m School arten child ride	times per day, _ es without other scho	days per week ol-age students: days per week days per week days per week
☐ Contract is for or	ne-way only				To or fro	m School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	is contract.	<u>Deadli</u>		ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS			/ 1, retain a copy for your
Regular Trans					files.			
Spec. Ed. Trans						' SUPERINTEN your files.	NDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE
Correspondence							rict, county and OPI	
Reg.								
Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.								
Agreement between	n parent (parei	nt name)			, and sch	ool district (dist	rict name)	,
(county name)				County, hereinaf	ter referred to a	s the District(s)		
	ansport or provide			o and from the school				an assures that a licensed and
	, the District shall p							nber of days the student(s) was
 The payment shall This contract shall 	be computed on the terminate at the er	nd of the school y	ear or when the	ned in Section 20-10-1 student(s) is no longe				,
Elementary School South Stacey Elem	Elementary School District Chair, Board of Trustees South Stacey Elem							Date
High School District		Chair, Board of Trustees						Date
			I attes	t that the above i	information is tru	ue and correct.		1
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary Diseast Responsible for Reimbursing the Contract South Stacey Elem	Helena, I	ит 59620-2	2501		Du	e to Scho	ol Clerk June 1				
Is this contract shared between elementary and high school? yes no Are you applying for isolation status? Yes No (If yes, please attach explanation) SIBOLATION: Scrioz 30-16142, MCA, provides for increased reinfluxement increased price in the provided increased reinfluxement increased price in the Contract of the Contract of the Contract in the Contract of the Contract in the Contract	Elementary District Respon	sible for Rein	mbursing the	Contract			County	<u> </u>	Legal Entity		
Is this contract shared between elementary and high school? yes no Are you applying for isolation status? Yes No (If yes, please attach explanation) SIBOLATION: Scrioz 30-16142, MCA, provides for increased reinfluxement increased price in the provided increased reinfluxement increased price in the Contract of the Contract of the Contract in the Contract of the Contract in the Contract	South Stacev Flem	1					Powder River		0709		
Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Roger & Lucinda Norse to nearest bus stop, if any (one way) Elementary 7.5 Elementary 7.5 Elementary 7.5 Elementary 8.6 Elementary 9.1 Elementary	High School or K-12 District	t Responsible	e for Reimbu	rsing the Cont	ract						
Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Roger & Lucinda Norse to nearest bus stop, if any (one way) Elementary 7.5 Elementary 7.5 Elementary 7.5 Elementary 8.6 Elementary 9.1 Elementary											
Student Name		etween elei	mentary an	d high schoo	ol?						
Student Name	, ,,,,		s? 🗆 Yes	□ No		Stuc	lent Name	School	Grade		
Intension for special corunstances of leadston of residence. In order to receive intronseod rates, ordividual circumstances must be reviewed and approved by the process of the district, she county is supportation committee, and the College of Public Intension (IC)-7.18 ARI) provides guidelines to such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Elem District Approval yes no	(If yes, please attach ex ISOLATION: Section 20-1	planation) 0-142. MCA.	provides for	increased rein	nbursement	Otac	ient ivanie	CCHOOL	Grade		
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Elem District Approval yes no notified HS District Approval yes not yes no	rates for special circumstar increased rates, individual trustees of the district, the control of the control o	nces of isolation circumstance county transp	on of residen s must be re- ortation com	ice. In order to viewed and ap mittee, and the	receive proved by the	Stud	lent Name	School	Grade		
Elem District Approval yes	Check here only if increase	d payment du	ue to isolation	n has been ap	proved by the	Stud	Student Name School Gra				
Present or Guardian Name: (Please Print) Parent or Guardian Name: (Please Print) Both Semesters	Elem District Approval	yes 🗆	no	tials		Stud	dent Name	School	Grade		
Parent of Guadrain Name: (Please Print)	County Approval	yes 🗆	no					OR:			
Distance from home to nearest school (one way) Statement of the statem	Parent or Guardian Nan	ne: (Please	Print)					□ 2nd Semester Only	/ □ Both Semesters		
Distance from home to nearest school (one way) Elementary 7.5 HS 0 Distance from home to nearest school (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level-Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Total Total For a Total Total Total Total Total Correspondence Reg. Contract near Total Total Total Total Total Correspondence Reg. Contingency Spec. Ed. Contin. Regular Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County spec. County spec. County spec. County name County	Roger & Lucinda N Physical Address (stree	otsch t address o	nly):						<i>y</i> □ Both Semesters		
(county name)	Distance from home to nearest school (one way) Elementary 7.5 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency					Kind by the Took Kind Took Took Took Took Took Took Took Too	dergarten child ride his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original or for your files. RENTS: RENTENDERINTENDERINGENDERIN	times per day, times per day, times per day, times per day, swithout other school times per day,	days per week days per week pl-age students: days per week		
High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	(county name) The parties agree as follows: 1. The parent shall transponsured driver will transponsured for the past transported for the particular transported for the particular transported for the particular transported for the past transporte	rt or provide tra ort the students District shall pay semester. omputed on the nate at the end	insportation for s. Mileage con y the parent the basis of the sc of the school y	the student(s) to tracts are valid o e sum officially ap thedule establish ear or when the	County, hereinafor and from the school only when transportation or the application of the	ter referred or bus stop on on for the dista ation upon certi 42, MCA, and	to as the District(s). the days when school is in nce reported on the contrat fication by the teacher or put the information accompany	session. The parent or guardi et actually occurs. incipal of the school of the nun ing this contract.	an assures that a licensed and nber of days the student(s) was		
		High School District Chair, Board of Trustees							Date		
				I attest	that the above i	information	is true and correct.		I	_	
	Signature - Parent or Gua	rdian						Date		=	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501		Di	ue to School (Clerk June 1				
Elementary District Responsible for Reimbursing the Contract						County		Legal Entity		
South Stacey Elem						owder River		0709		
High School or K-12 District Responsible for Reimbursing the Contract						ounty		Legal Entity		
Is this contract shared between elementary and high school? ☐ yes ☐ no										
Are you applying for isolation status? ☐ Yes ☐ No						t Name	School		Grade	
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement										
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of						t Name	School		Grade	
Public Instruction. (10.7.116 ARM provides guidelines for such.)						4 Name	Cabaal		Orada	
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						t Name	School		Grade	
Initials Elem District Approval yes no						t Name	School		Grade	
HS District Approval County Approval		□ no □ no			THIS C	ONTRACT IS FO	DR:			
Parent or Guardian Name: (Please Print)						Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Sherry Rooney						,				
Physical Address (street address only):						Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
					KINDERGARTEN/PREKINDERGARTEN:					
Distance from home to nearest school (one way)						garten child ride contract:	es <u>with</u> other school-a	age students a	Iso covered	
Elementary 30.6 HS 0					To or fr	To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week				
Distance from home to nearest bus stop, if any (one way) Elementary 10.6 HS 0					Kinder To or fr					
Elementary 10.6 HS 0 To or from Bus Stop times per day, days per wee To or from School times per day, days per wee									s per week	
Students in Each Grade Level - Only include the students to be covered by this contract. Deadlines: PARENTS: Due to School Clerk June 1.										
	Pre-K	K	1-8 Tatal	9-12	CLERKS: Send original to County Supt by July 1, retain a copy for your					
	Total	Total	Total	Total	files.	S : Send original	to County Supt by July	y 1, retain a co	by for your	
Regular Trans						COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a				
Spec. Ed. Trans					copy for your files.					
Room & Board						REIMBURSEMENT RATE (For district, county and OPI use only)				
Correspondence										
Reg.						Reimbi	ursement rate is detern	 nined by		
Contingency Spec. Ed. Contin.							20-10-142, MCA.			
				<u> </u>						
Agreement between	narant (nara)	at nama)			and as	shool district (dist	riot nama)			
Agreement between parent (parent name), and school district (district name),										
(county name) County, hereinafter referred to as the District(s). The parties agree as follows:										
insured driver will tr	ansport the studer	nts. Mileage cor	tracts are valid	only when transportat	ion for the distance	reported on the contract				
 In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 										
4. This contract shall terminate at the end of the school year or when the student(s) is no longer. Elementary School District Chair, Board of Trustees										
South Stacey Elem High School District Chair, Board of Trustees										
Glidii, Budiu di Tiustees								Date		
I attest that the above information is true and correct.										
Signature - Parent or Guardian Date									·	